

**Board Adopted Resolution as Amended
(January 2020)
(Affirmed; 2020 Annual Meeting)**

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 09.2019-05
(A-20)**

Introduced by: Jacquelynne Corey, MD and A. Jay Chauhan, DO, ISMS Members

Subject: Increase Transparency by Pharmacy Benefit Managers

Referred to: Council on Economics

1 RESOLVED, that the Illinois State Medical Society adopt the following
2 Pharmacy Benefits Manager requirements and work towards introduction of legislation
3 that:

- 4
- 5 • requires pharmacy benefit managers operating in Illinois to make all
6 pharmaceutical cost and coverage information (including but not limited to
7 cost sharing, utilization management policies, formulary availability and
8 therapeutic alternatives) available in an easily accessible format so that it may
9 be accessed by patients, physicians and pharmacists as necessary prior to
10 writing, dispensing or purchasing prescription medication. Accessible
11 formats include but are not limited to online on a non-password protected web
12 site, such as an Application Program Interface (API) protocol; regular and
13 large type print format upon request; voice or TTY activated phone options;
14 and
- 15 • requires PBMs to update this information at least on a 24-hour basis; and
- 16 • requires PBMs to provide patients with written notification of medication
17 denials that includes the reason for denial and a list of covered potential
18 therapeutic alternatives and associated out-of-pocket cost estimates; and
- 19 • provides that PBMs shall not make changes to an individual enrollee's
20 benefits or coverage policies during the enrollee's plan year, included by not
21 limited to ensuring that individual patients retain access to covered
22 prescriptions at the same cost-sharing and co-pay obligations if formulary
23 changes affect an enrollee's current medication regimen; and
- 24 • provides that PBMs shall honor a prescription for the full duration of the
25 prescription and not be limited to the plan year; and

- 1 • provides that all enrollees be notified at least 60 days prior to formulary
2 changes or changes on medications among coverage tiers.